

<p style="text-align: center;">Proposed Addition to Division of Medical Assistance N.C. Prior Authorization Program Second-Generation Antihistamines</p>
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Therapeutic Class Description: Second-Generation Antihistamines

Early and Periodic Screening, Diagnosis and Treatment Provision

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are medically necessary health care services to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service product or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. Additional information on EPSDT guidelines may be accessed at <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>.

Step Therapy for Second-Generation Antihistamines

- 1) Criteria to use loratadine OTC, Claritin OTC, cetirizine OTC, and Zyrtec OTC
Prior approval not required
- 2) Criteria to use generic fexofenadine
Documented failure with a 30-day trial of Claritin OTC/loratadine OTC **AND** a 30-day trial of Zyrtec OTC/cetirizine OTC during a 12-month time period; may be approved for 12 months
- 3) Criteria to use other liquid formulations
Documented failure with 30-day trial of Claritin OTC/loratadine OTC syrup **AND** 30-day trial of Zyrtec OTC/cetirizine OTC during a 12-month time period; may be approved for 12 months
- 4) Criteria to use all other second-generation antihistamines
Documented failure with a 30-day trial of Claritin OTC/loratadine OTC **AND** failure with a 30-day trial of Zyrtec OTC/cetirizine OTC **AND** failure with a 30-day trial of fexofenadine during a 12-month time period; may be approved for 12 months

Exemptions

Patient has a contraindication or allergy to loratadine, cetirizine, or fexofenadine

Procedures

May be approved for 12 months

Pharmacist may override the prior authorization edit at point-of-sale if the prescriber writes one of the following on the face of the prescription in his or her own handwriting:

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For generic fexofenadine

1. "Failed loratadine and failed cetirizine for 30 days"
2. "Allergy to loratadine and cetirizine"

For liquid formulations other than loratadine syrup

1. "Failed loratadine and failed cetirizine syrup for 30 days"
2. "Allergy to loratadine and cetirizine syrup"

For all other second-generation antihistamines

1. "Failed loratadine for 30 days, failed cetirizine for 30 days, and failed fexofenadine for 30 days"
2. "Allergy to fexofenadine, loratadine, and cetirizine"

References

Drug Class Review on Newer Antihistamines. Final Report Update 1. April 2006.
<http://www.ohsu.edu/drugeffectiveness/reports/final.cfm>